PTO/SB/05 (11-00)

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## UTILITY PATENT APPLICATION **TRANSMITTAL**

Attorney Docket No.		No.	9319S-000262		
First In	First Inventor Hire		ki NAKAHARA	78	
Title	MANUF	ACTU	RING METHOD OF LIQUID CRYSTAL DISPLAY	Jag	

(Only for new	v nonprovisional a	applications under 37 (	C.F.R. 1.53(b))	press Maii L	aber IVO.	L 0307	41092 03				
	APPLIC		ADDRESS TO:  Assistant Commissioner for Patents Box Patent Application Washington, DC 20231								
See MPEP ch	apter 600 concern	ation contents.									
2. Ap Se 3. Sp (pr - D - S - S	abmit an original and oplicant claims so see 37 CFR 1.27 pecification referred arrangem rescriptive title of the cross References statement Regardite reference to seque	[Total l ent set forth below)	Pages 23 ]	<ol> <li>CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</li> <li>Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</li> <li>Computer Readable Form (CRF)</li> <li>Specification Sequence Listing on:         <ol> <li>CD-ROM or CD-R (2 copies); or</li> <li>paper</li> <li>Statements verifying identity of above copies</li> </ol> </li> </ol>							
- B	ackground of the										
- B - C	rief Summary of t Brief Description of Detailed Descriptio Claim(s)	f the Drawings ( if filed)	)	9. Assignment Papers (cover sheet & document(s))  10. 37 C.F.R.§3.73(b) Statement Power of (when there is an assignee) Attorney							
	bstract of the Dis	closure		11. English Translation Document (if applicable)							
4. Dr	awing(s) (35 U.	S.C.113) [Total	Sheets 7 ]	12. 🗌		Information Disclosure					
		d (original or copy)	ageo	13. 🔲	Preliminary	/ Ame	ndment				
	Copy from a pri	FR 1.63 (d))	14. 🛛	Return Receipt Postcard (MPEP 503)							
		ion/divisional with B		15. 🔲	(Should be specifically itemized)  15. Certified Copy of Priority Document(s)						
i. 🔲	DELETION C	OF INVENTOR(S)		(if foreign priority is claimed)							
	Signed statemen named in the pric 1.63(d)(2) and 1.	entor(s) CFR	16. Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.								
		eet. See 37 CFR 1		17. Other:							
18. If a CON	TINUING APPLIC	ATION, check approp	oriate box, and supply	the requisi	te information	n belov	v and in a p	oreliminary amendment,			
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Or ☐ Correspondence address below  Customer Number or Bar Code Label  27572  (Insert Customer No. or Attach bar code label here)											
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Address	1,0.00,020										
City	Bloomfield Hills State			MI Zip Code			Code	48303			
Country	United States of America		Telephone	248-641-1600			Fax	248-641-0270			
Name (Print/Type)  G. Gregory Schivley/Bryant Wade					Registration No. (Attorney/Agent)			27,382/40,344			
Signature		7. Th	hole			Date	August <b>35</b> , 2001				

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